

## (1) PLACE OF BIRTH

County of Cherokee  
 Townships of Mt. Craghead  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

7101

Registration District No. 1205 Registered No. 29  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child not named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 12 22  
 (Same of Month) (Day) (Year)

FATHER  
 (8) FULL NAME L. E. Collins  
 (9) PRESENT POSTOFFICE OF FATHER Pageland S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38  
 (Years)  
 (12) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1/2

MOTHER  
 (14) NAME BEFORE MARRIAGE Julia Collins  
 (15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39  
 (Years)  
 (18) BIRTHPLACE N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1/2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Lawrence(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pageland S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ..... (28) G. B. Redfern Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.